

VETERANS ADMINISTRATION

# DECLARATION OF MARITAL STATUS

1. FILE NO.

C-

**PRIVACY ACT INFORMATION** - No benefits may be granted for spouse or children unless this form is completed and returned as required by existing law (38 CFR 3.205 and 3.209). The information requested on this form is considered relevant and necessary to determine maximum benefits provided by law. The information submitted may be disclosed outside the Veterans Administration only as permitted by law.

**INSTRUCTIONS** - This form must be completed and returned to the VA office shown in Item 3. Certified copies of public records may usually be obtained free if the county clerk or similar custodian of such records is informed that they are required by the Veterans Administration in determining eligibility for benefits. It will not be necessary to furnish documents previously submitted.

2A. FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN	3. ORIGINATING VA OFFICE <i>(Include symbol)</i> VA REGIONAL OFFICE FED. BLDG. 11000 WILSHIRE BLVD. LOS ANGELES, CALIF. 90024	
2B. NAME OF CLAIMANT <i>(If other than veteran)</i>	4. MARITAL STATUS <i>(Check one)</i> <input type="checkbox"/> NEVER MARRIED <i>(If checked, do not complete Items 5-10)</i> <input type="checkbox"/> MARRIED <span style="float:right;"><input type="checkbox"/> DIVORCED</span> <input type="checkbox"/> WIDOWED <span style="float:right;"><input type="checkbox"/> SEPARATED</span>	
2C. ADDRESS OF CLAIMANT <i>(No. and street or rural route, city or P.O., State and ZIP Code)</i>	5. NO. OF TIMES YOU HAVE BEEN MARRIED	6. NO. OF TIMES YOUR PRESENT SPOUSE HAS BEEN MARRIED

**NOTE** - Furnish the following information about each of your marriages. A certified copy of the public or church record of your current marriage is required if you or your spouse had a prior marriage.

7A. DATE AND PLACE OF MARRIAGE	7B. TO WHOM MARRIED	7C. HOW MARRIAGE TERMINATED <i>(Death, divorce)</i>	7D. DATE AND PLACE TERMINATED

7E. WAS YOUR CURRENT MARRIAGE PERFORMED BY:  
 CLERGYMAN OR AUTHORIZED PUBLIC OFFICIAL  OTHER *(Explain)*

**NOTE** - Furnish the following information about each previous marriage of your present spouse.

8A. DATE AND PLACE OF MARRIAGE	8B. TO WHOM MARRIED	8C. HOW MARRIAGE TERMINATED <i>(Death, divorce)</i>	8D. DATE AND PLACE TERMINATED

9A. DO YOU LIVE TOGETHER? <i>(Answer only if married)</i>  <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "No," complete 9B and 9C)</i>	9B. REASON FOR SEPARATION	9C. AMOUNT YOU CONTRIBUTE TO YOUR SPOUSE'S SUPPORT MONTHLY \$	10. ADDRESS OF PRESENT SPOUSE <i>(If different than Item 2C)</i>
--	---------------------------	--	--

11. IDENTIFICATION OF VETERAN'S UNMARRIED CHILD(REN) ▶  
*(Check)*  UNDER 18 YEARS OF AGE?  OVER 18 AND UNDER 23, AND ATTENDING SCHOOL?  OF ANY AGE PERMANENTLY HELPLESS FOR MENTAL OR PHYSICAL REASONS?

**NOTE** - If any box in Item 11 is checked, furnish the following information for each child. A certified copy of the public or church record of birth of a stepchild or an illegitimate child is required or a copy of the court record of adoption or adoption agreement, if the child is adopted.

12A. FULL NAME OF EACH CHILD	12B. DATE OF BIRTH <i>(Mo., day, yr.)</i>	12C. PLACE OF BIRTH	12D. NAME AND ADDRESS OF PERSON HAVING CUSTODY OF CHILD

**CERTIFICATION** - I HEREBY CERTIFY THAT the information I have given above is true and correct to the best of my knowledge and belief.

13A. DATE	13B. SIGNATURE OF CLAIMANT SIGN HERE IN INK <span style="float:right;">▶</span>
-----------	--

**PENALTY** - The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false, or for the fraudulent acceptance of any payment to which you are not entitled.